	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate so for each catego Detailed Summa	ry of the	FOR LINE NUMBER: PAGE 65 OF 65 (check only one)  17
	ny information copied from such Reports and Statemen for commercial purposes, other than using the name a			person for the purpose of soliciting contributions
<u> </u>	NAME OF COMMITTEE (In Full)  Mark Pocan for Congress			
<b>A.</b>		e Zip Code 20003-4024	Category/ Type	Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	State: District:  Full Name (Last, First, Middle Initial)  Democratic Party of Wisconsin  Mailing Address 222 W Washington Ave			Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Ste 150 City State Zip Code Madison WI 53703-2719 Purpose of Disbursement Event tickets			Amount of Each Disbursement this Period
			Category/ Type	Transaction ID : D682382
Э.	State: District:  Full Name (Last, First, Middle Initial)  Mailing Address  City State Zip Code  Purpose of Disbursement			Date of Disbursement
				Amount of Each Disbursement this Period
		For: nary General er (specify)	Category/ Type	
_	ILIRTOTAL of Dishursements This Page (optional)			7500.00

TOTAL This Period (last page this line number only).....

7500.00